

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee**A.**

Full Name (Last, First, Middle Initial)

CDR Thomas L. Goodell, DO

Mailing Address 4412 4 Mile Rd NE

City

Grand Rapids

State

MI

Zip Code

49525-9671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Transaction ID: 29317202

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Findlay, DO

Mailing Address 3100 Thorncrest Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Transaction ID: 29317203

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas H. Osborn, DO

Mailing Address 100 McDougal Dr  
HGH Physicians Clinic

City

Holdenville

State

OK

Zip Code

74848-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Transaction ID: 29317970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....